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NOV 14 2005

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7590

08/19/2005

Ryan, Mason & Lewis, LLP
90 Forest Avenue
Locust Valley, NY 11560
11/15/2005 YPOLITE2 00000028 500762 10776778

01 FC:1501 1400.00 DA
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V. Bencivenni

(Depositor's name)

V. Bencivenni

(Signature)

November 10, 2005

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|-----------------------|---------------------|------------------|
| 10/776,778 | 02/11/2004 | Dipankar Bhattacharya | 4-6-2 | 3226 |

TITLE OF INVENTION: MULTIPLE VOLTAGE LEVEL DETECTION CIRCUIT

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 11/21/2005 |
| EXAMINER | ART UNIT | | CLASS-SUBCLASS | | |
| DEB, ANJAN K | 2858 | | 324-522000 | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
2 _____
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□ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Agere Systems Inc.

Allentown, PA 18109

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0762 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Wayne L. Ellenbogen

Date November 10, 2005

Typed or printed name Wayne L. Ellenbogen

Registration No. 43,602

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